



APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with T)

Date:

Name of Billing Organisation ("BO"):

T _____

SINGAPORE PHARMACY COUNCIL

To: Name of Financial Institution:

Pharmacist's Name:

T _____

T _____

Branch:

Pharmacist Registration Number (PRN):

T _____

T _____

- (a) I/We hereby instruct you to process the BO's (SPC) instructions to debit my/our account.
 (b) You are entitled to reject the BO's (SPC) debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
 (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s):

My/Our Contact (Tel/Fax) Number(s):

T _____

T _____

My/Our Account Number:

My/Our Company Stamp/Signature(s)/Thumbprint(s)*:

T _____

T _____

(As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank				Branch			SPC's Bank Account Number									
7	1	7	1	0	0	3	0	0	3	9	0	7	9	1	1	7

PRN :					

Bank				Branch			Account Number to be debited									

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

This Application is hereby REJECTED (please tick) for the following reason(s):

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint# | <input type="checkbox"/> Others: _____ |

Name of Approving Officer

Authorised Signature

Date

* For thumbprints, please go to the branch with your identification.

Please delete where inapplicable